

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Eila
 District of _____
 Town of miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167
 County Registrar No. 939
 Local Registrar No. _____

2. Full name of child, Isabela Ortiz (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Nov 19 1926
 Month Day Year

8. FATHER
 Full name Carmen Ortiz
 9. Residence (Usual place of abode) miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 32 (Years)

14. MOTHER
 Full maiden name Refugia Chavez
 15. Residence (Usual place of abode) miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico
 13. Occupation Miner
 Nature of Industry _____

18. Birthplace (city or place) _____
 (State or country) Mexico
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother { (a) Born alive and now living 3
 (b) Born alive but now dead 0
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:20 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature J. J. Miller
 (Physician or midwife.)
 Address miami, Arizona

Given name added from a supplemental report. Month, day, year _____
 Registrar _____
 Filed Dec 8, 26 Local Registrar. _____
 County Registrar. _____

967-1119-939